



LR-E04-0444

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7001 1140 0002 6726 2984

Department of Environmental Protection  
Division of Water Quality  
Bureau of Permit Management  
P.O. Box 029  
Trenton, N.J. 08625-0029

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT  
HOPE CREEK GENERATING STATION  
NJPDES PERMIT NJ0025411**

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of September 2004.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact J. Serfass at (856) 339-5411.

Sincerely,

A handwritten signature in black ink, appearing to read "M H Brothers", with a long, sweeping horizontal line extending to the right.

Michael H. Brothers  
Vice President – Site Operations

Handwritten initials "JES" in a stylized, cursive script.

LR-E04-0444  
NJPDES DMR

Attachments

C     Executive Director, DRBC  
      (USNRC - Docket number 50-354)  
      Vice President – Site Operations  
      Director - Nuclear Safety & Licensing  
      Christopher McAuliffe, Esq.  
      D. K. Hurka  
      E. J. Keating  
      NJPDES Tech  
      Chem File HCH 2004-048

LR-E04-0444  
NJPDES DMR

## EXPLANATION OF CONDITIONS

**September 2004**

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 1993 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

LR-E04-0444  
NJPDES DMR

## EXPLANATION OF EXCEEDANCES

**September 2004**

The following exceedances are included in the attached report and explained below.

DSN No.


EXPLANATION

**No Exceedances**

COUNTY OF SALEM  
STATE OF NEW JERSEY

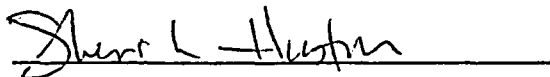
I, Michael H. Brothers, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Vice President-Site Operations for PSEG Nuclear, and as such am authorized to sign Hope Creek's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
2. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.



Michael H. Brothers  
Vice President - Site Operations

Sworn and subscribed before me  
this 20 day of October 2004.



Commission expires 11/15/09

PI 46815

**AREA CODE/PHONE NUMBER**

# Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

9/1/2004 TO 9/30/2004

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	56.632	62.640	MGD	*****	*****	*****	*****	0	Continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	MDL										
Flow, In Conduit or Thru Treatment Plant 50050 7 Intake From Stream	SAMPLE MEASUREMENT	70.993	72.180	MGD	*****	*****	*****	*****	0	Continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.6	SU	0	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	Continuous	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.2 01MOAV	0.5 01DAMX			Continuous	GRAB
	MDL										
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.9	34.0	DEG.C	0	Continuous	meter
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	36.2 01DAMX			Continuous	METER
	MDL										
Temperature, °C 00010 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.1	25.1	DEG.C	0	Continuous	meter
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	METER
	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

# Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

9/1/2004 TO 9/30/2004

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	4	4		0	1/month	Grab
00680 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Effluent Gross Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	1/month	Calctd
00680 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
Effluent Net Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	2	2		0	1/month	Grab
00680 7	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Intake From Stream	MDL										
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	239	371		*****	*****	*****		0	1/day	Calctd
81387 1	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 343		06431						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality  
Surface Water Discharge Monitoring Report Submittal Form

PI 46815

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0025411	Month	Day	Year	To	Month	Day	Year	461C - DSN 461C - DSW internal
	9	1	2004		9	30	2004	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

HOPE CREEK GENERATING STATION  
ARTIFICIAL ISLAND  
FOOT OF BUTTONWOOD RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G  
P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

**CHECK IF APPLICABLE:**    ☐ No Discharge this Monitoring Period    ☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice-President – Site Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

856-339-2900

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE


DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46815

**PERMIT NUMBER:** NJ0025411     
 **MONITORED LOCATION:** 461C DSN 461C - DSW internaz     
 **MONITORING PERIOD:** 9/1/2004 TO 9/30/2004     
 **FACILITY NAME:** HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.034	0.140	MGD	*****	*****	*****	*****	0	continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	27	27	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			1/Month	COMPOS
	MDL										
Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	<1	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	7	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	COMPOS
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA 343		06431						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality  
Surface Water Discharge Monitoring Report Submittal Form

PI 46815

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0025411	Month	Day	Year	To	Month	Day	Year	462B - dsn 462B - dsw outfall
	9	1	2004		9	30	2004	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

HOPE CREEK GENERATING STATION  
ARTIFICIAL ISLAND  
FOOT OF BUTTONWOOD RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G  
P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:    ☐ No Discharge this Monitoring Period    ☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice-President – Site Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

856-339-2900

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

9/1/2004 TO 9/30/2004

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.018	0.044	MGD	*****	*****	*****	*****	0	1/Day	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	METER
	MDL										
BOD, 5-Day (20 oC) 00310 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	258	258	MG/L	0	1/Month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	MDL										
BOD, 5-Day (20 oC) 00310 1 Effluent Gross Value	SAMPLE MEASUREMENT	2	2	KG/DAY	*****	21	21	MG/L	0	1/Month	Compos
	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
	MDL										
BOD, 5-Day (20 oC) 00310 K Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	91.9	*****	91.9	PERCENT	0	1/Month	Calctd
	PERMIT REQUIREMENT	*****	*****		87.5 01DAMN	*****	REPORT 01MOAV			1/Month	CALCTD
	MDL										
Solids, Total Suspended 00530 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	267	267	MG/L	0	1/Month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11	MG/L	0	1/Month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

# Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

9/1/2004 TO 9/30/2004

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended 00530 K Percent Removal	SAMPLE MEASUREMENT	*****	*****		96	96	*****		0	1/month	Calctd
	PERMIT REQUIREMENT	*****	*****	*****	85 01DAMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
	MDL										
Oil and Grease 00556 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1		0	1/month	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MDL										
Coliform, Fecal General 74055 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	<100	<100		0	1/month	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA 343		06431						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regn 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".